FORM A20-AE (REV. 5/00)



## STATE OF WASHINGTON TRAVEL EXPENSE VOUCHER

INSTRUCTIONS: Submit required receipts for miscellaneous and reimbursable expenses with this voucher.

NAME AND ADDRESS OF CLAIMANT MONTH/YEAR OFFICIAL STATION

REGULARLY SCHEDULED WORK HOURS

AGENCY NAME AGENCY NO. PHONE NUMBER OFFICIAL RESIDENCE Office of the Administrator for the Courts 055

	TRIP INFORMATION				PER DIEM							MOTOR	VEHICL	E					
D A	FROM	то	TRIP TIME		PER MEAL ENTITL				LODGING COSTS	TOTAL	MILES DRIVEN		Reim- burse-	Mileage	OTHER PER	GRAND		PURPOSE OF TRIP	
T E			DEPART	RETURN	В	L	D	SUB TOTAL	(receipt Req'd)	IOIAL	PT. to PT.	VICINITY	ment Rate	Allowance	DETAIL	TOTAL		TONI OOL OF THE	
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	DETAIL OF OT	THER EXPENS	ES	TOTALS															
DATE	PAID TO	FOR	AMOUNT					\$ -	\$ -	\$ -					\$ -	\$ -			
				DOC. DATE		PMT DUE DATE	CURRENT DO	C. NO.		REF. DOC. NO.	VENDOR	NUMBE	R		VENDOR MES	SSAGE	USE	UBI NUMBER	
																	TAX		
				Trans Code/			er Index	Sub	Sub Sub	Org		Budget Unit		Sub	Proj	AMOUNT		INVOICE NUMBER	
				Mod	Fund	Appn	Prog Index	Object	Object	Index	Alloc	MOS	Project	Project	Phas				
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